

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

15CV 3458

Mr. James Forbes

RECEIVED  
SDNY PRO SE OFFICE

(In the space above enter the full name(s) of the plaintiff(s).)

2015 APR 24 A 10:14  
COMPLAINT

-against-

under the

New York City Police Department

Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)Jury Trial: ☐ Yes ☐ No  
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

## I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Mr. James Forbes  
 ID # 349-14-10818  
 Current Institution R.N.D.C. - C-74  
 Address 11-11 Hazen St.  
E. Elmhurst, N.Y. 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name John Doe, Arresting Officer or I.D. Shield # 937424  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 2 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Defendant No. 3 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Defendant No. 4 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?  
Delancy and Allen Street.  
N/A

B. Where in the institution did the events giving rise to your claim(s) occur?  
New York, New York  
N/A

C. What date and approximate time did the events giving rise to your claim(s) occur?  
June 15th, 2011 At the time of 8:51P.M.  
N/A

D. Facts: I was on my way to my mother's house, where she lives in Brooklyn.

What  
happened  
to you?

On the way there I wanted to use the restroom, So I stopped at the corner of Delancey St. and Allen St. As I'd double parked my car I went into the restaurant and asked to use the restroom,; As when I'd finish, I left the restroom and I was arrested by the police for Criminal Possession of Stolen Property; Criminal Trespassing & Attempted Petit Larceny. The place of arrest by the N.Y.C.P.D. (7); Date of Crime was on June 15th, 2011

Who did  
what?

The place of Crime-N.Y.C.P.D.(7), Criminal Justice Tracking No.# 64883642M Agency, Arresting by N.Y.C.P.D., Pct. (7) As the arresting I.D. was 937424 As the arresting number is M1653057 As the charges were P.L. 165.40, 140.10, 155.25

Was  
anyone  
else  
involved?

No one else was involved.

Who else  
saw what  
happened?

Only the employee's who work in the store's.

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. None at all.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes \_\_\_ No X

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

N/A

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes \_\_\_\_\_ No X Do Not Know \_\_\_\_\_

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes \_\_\_\_\_ No X Do Not Know \_\_\_\_\_

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes \_\_\_\_\_ No X

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes \_\_\_\_\_ No X

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? Don't apply to jail.

2. What was the result, if any? \_\_\_\_\_

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. None at all. (Because I wasn't in jail.)

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: I never had to write any grievance.

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: N/A

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. N/A

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note:** You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). Because of my pain & injury caused by my illegal detention, causing emotional turmoil, considering my medical history and background. I lost (5) months of my personal freedom. What value can be placed for the lost of freedom? As millions of dollars could not replace the time I've lost. Priceless is the cost of freedom. The police cannot act with impunity. Therefore, I am requesting compensation in the amount of (\$1,000,000) One million dollars in order to assist my mental and emotional recovery going forward.

I'm asking for \$1.5 million dollars for my emotional and stress feelings.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

VI. Previous lawsuits:

On  
these  
claims

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_\_ No X

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff N/A

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

\_\_\_\_\_

On  
other  
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_\_\_ No X

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff N/A

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No X

If NO, give the approximate date of disposition Nov. 23, 2011 This case was dismissed.

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) Sealed upon the favor of the accused.

\_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

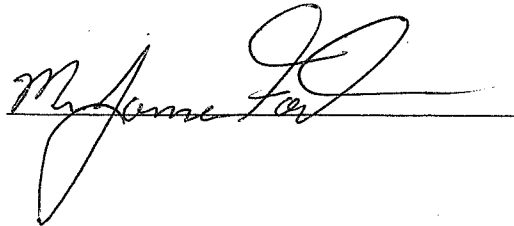
Signed this 9 day of Sept, 20 14

Signature of Plaintiff	<u>Mr. James Forbes</u>
Inmate Number	<u>349-14-10818</u>
Institution Address	<u>11-11 Hazen St.</u>
	<u>E. Elmhurst, N.Y. 11370</u>
	<u></u>
	<u></u>

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 9 day of Sept., 2014, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:



February 6th, 2015

To: Pro Se Office  
United States District Court  
Southern District Of New York  
Daniel Patrick Moynihan United States Courthouse  
500 Pearl Street, Rm. 200  
New York, N.Y. 10007

Attn: Ms. Ruby J. Krajick, Clerk of Court

Re: Mr. James Forbes-349-14-10818  
R.N.D.C. - C-74  
11-11 Hazen Street  
East Elmhurst, N.Y. 11370

Dear Sir/Madam:

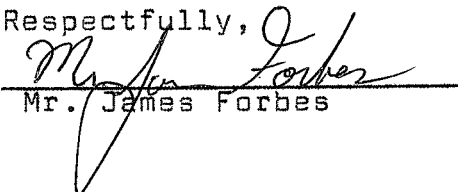
I'd like to bring to your attention of my first (1983) that was submitted September of last year, inwhich I'd never did get an **Case Number** regarding such.

However, I was told to resubmit the documents again. As their was no record of such before.

As my medical health having Brain Cancer dosen't allow me to remember half of what I need to remember. I be going back and forth to an outside hospital, for the above mentioned.

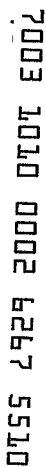
Please except this letter along with the enclosed documents.

Respectfully,

  
Mr. James Forbes

Cc: File





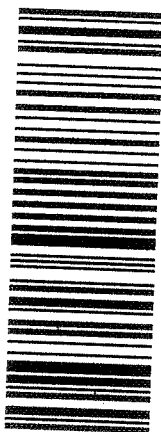
United States District Court

Southern District of New York

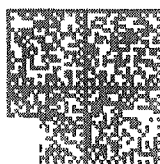
Daniel Patrick Moynihan United States Coast Guard

580 Penn Street Rm 200

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New York, New York  
New York, New York



**CERTIFIED MAIL**



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